FEGLI Federal Employees Group | ife Insurance

Federal Employees' Group Life Insurance Program

Continuation of Basic Life Insurance Coverage

As a Retiree or Compensationer

A General Instructions:

- Complete this form if you retire or begin receiving compensation on or after January 1, 1990, and you are continuing your FEGLI Basic Life Insurance coverage.
- · Read the accompanying information carefully.
- Type or print in ink.
- Return the completed form to your employing office.

B Fill in the Identifying Information Requested Below

Name (Last, first, middle)		Date of birth (Month, day, year)	Social Security Number
Employing department or agency	Agency location (City, state, ZIP Code)		Compensation claim number (if applicable)

C Basic Life Insurance Coverage

If you are eligible, your Basic Life Insurance will continue automatically -- generally at the same level of coverage in force at retirement -- until age 65. By signing below, you are choosing the amount of Basic Life Insurance coverage you will have **after** you reach age 65. (If you are already 65 or older and choose the 75% Reduction or the 50% Reduction, the elected reduction will begin at retirement). Your signature **does no** affect your optional life insurance coverage. See Section D.

For Basic Life Insurance coverage between retirement and age 65, you will pay the same premiums as active employees. If you elect to retain more than the minimum level of coverage

after age 65 -- that is, if you elect the 50% Reduction or the No Reduction -- you will pay additional premiums beginning at retirement and continuing for life.

Before electing the level of coverage you will have after age 65, be sure to review the detailed information provided on page 3. The premiums associated with the different levels of coverage are shown in a table at the bottom of that page.

SIGN AND DATE ONLY ONE OF THE BOXES BELOW. (DO NOT SIGN MORE THAN ONE.) THEN CROSS OUT THE OTHER TWO BOXES. Failure to cross out the two boxes will not invalidate this form.

I want the 75% REDUCTION I want the 50% REDUCTION I want NO REDUCTION (Minimum coverage) (Maximum coverage) I understand that after I reach age I authorize deductions to be made I authorize deductions to be made 65 (or upon retirement, if I'm from my annuity or compensation from my annuity or compensation older than 65) the amount of my to pay the full cost of this addito pay the full cost of this addi-Basic Life Insurance will reduce tional protection. I understand tional protection. I understand at the rate of 2% per month until that after I reach age 65 (or upon that there will be no reduction in it reaches 25% of my Basic Insurretirement, if I'm older than 65) the amount of my Basic Life Insurance Amount at retirement. I the amount of my Basic Life Insurance coverage after I reach age 65 understand that after I reach age ance coverage will reduce at the (or upon retirement, if I'm older 65 there will be no premium derate of 1% per month until it than 65). I understand that the reaches 50% of my Basic Insuronly change I may make at a later ductions from my annuity or compensation for this minimum ance Amount at retirement. I undate is to the 75% Reduction. coverage. I understand that I canderstand that the only change I not change my election to a lesser may make at a later date is to the reduction at a later date. 75% Reduction. Signature (Do not print) Signature (Do not print) Signature (Do not print) Date Date

D Optional Life Insurance Coverage

If you continue Basic Life Insurance coverage as a retiree or compensationer, your present optional life insurance elections will be **automatically extended unles s** (1) you complete an SF 2817, declining those options, (2) you fail to meet the continuation requirements for optional life insurance, or (3) you convert to an individual policy. Your

signature in Part C *does no t*ancel your optional life insurance coverage. You will pay the full cost of optional insurance (through deductions in your annuity or compensation) until age 65. After age 65, no further withholdings will be required; however, your optional coverage will be reduced over time. See page 4 for a more detailed discussion.

Privacy Act Statement

Public Law 96-427, the Federal Employees' Group Life Insurance Act of 1980, authorizes the solicitation of this information. The data you furnish will be used to determine the amount of life insurance coverage you will have after retirement. This information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs or to obtain information necessary for determination

or continuation of benefits under their programs. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the social security number to distinguish between you and people with similar names. Furnishing your social security number, as well as other data, is voluntary, but failure to do so may result in the inability of your retirement system to provide you the level of insurance protection you want.

Instructions

How to complete Standard Form 2818, Continuation of Life Insurance Coverage -- Before completing the form, carefully read the instructions, as well as the informational sections on the second sheet. After reading the instructions in Section A and filling in Section B, carefully follow the instructions in Section C.

- If you want the **75% REDUCTION**, sign and date in Box 1.
- If you want the **50% REDUCTION**, sign and date in Box 2.
- If you want **NO REDUCTION**, sign and date in Box 3.

Cross out the two boxes you did not sign, then give the completed first sheet to your employing office to forward to your retirement system with your other retirement papers.

You should retain the second sheet of the form for future reference.

If you wish to cancel **all** life insurance coverage at this time, you should complete the appropriate sections of Standard Form 2817 and submit the form to your employing agency. The cancellation of coverage will be effective at the end of the pay period in which your agency receives the form. You will not be able to reenroll in the life insurance program as a retiree or compensationer.

If you do not make an election before your retirement claim is finalized (or your request to continue insurance during receipt of compensation is finalized), the 75% Reduction will be applied to your Basic Life Insurance. You will have no later opportunity to choose a lesser reduction in coverage.